

# **VA/NCI Colorectal Cancer Quality Enhancement Research Initiative (CRC QUERI)**

**VA Medical Center • Minneapolis, MN**

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## **Strategic & Translation Plan: Status Summary February 2003**

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**Michelle van Ryn, PhD, MPH  
Research Coordinator**

**John Bond, MD  
Clinical Coordinator**

**Laura K. Kochevar, PhD  
Translation Coordinator**

**Krysten Halek, MA  
Administrative Coordinator**

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## **I. Executive Summary**

### Goals and Objectives

There have been no major changes in our primary goals and objectives. The CRC QUERI has two overarching goals: 1) To reduce CRC cancer incidence and late-stage diagnosis; and 2) To ensure that veterans with CRC diagnoses receive the benefit of CRC stage-specific best practices, including supportive and end-of-life care. The objectives and tasks for Goal One have been more extensively developed than for Goal Two, reflecting our intention to make the reduction in incidence and late-stage diagnosis our primary focus in the early years. Goal Two activities are limited to those that were identified as needed to create a foundation for quality enhancement research or offer sufficient promise to warrant earlier implementation.

There has been a minor change in the relative priority we are placing on our two tracer findings. As described in the approved strategic plan, the CRC QUERI chose to focus on CRC screening rates as our primary tracer finding. Since screening only benefits veterans when those with positive results undergo timely complete diagnostic evaluation (diagnostic colonoscopy), our secondary tracer finding was described as the proportion of veterans with a positive screening who undergo complete diagnostic evaluation (CDE) within two months of the positive result. At this point, we have reversed relative priority of these tracer findings for the following reasons: improving screening when diagnostic follow-up is absent or of low quality creates no benefit and may create harm; the Office of Quality and Performance reports better-than-average screening rates; and a variety of sources provide evidence of an alarming gap (50% of cases or more do not receive CDE) between best and current follow-up practices. Thus, we have made diagnostic follow-up a first priority for translation projects in the coming year.

### Progress

The CRC QUERI has prevention and early detection as its primary mission and thus much executive committee time is spent on this area. In the 18 months since inception the CRC QUERI has submitted six full proposals, obtained funding for four of the translation-related projects that were listed in the 2002 approved Strategic Plan, is conducting one formative evaluation study using core funds, has 4 translation concept letters under review, and has two proposals in development for spring submission. These efforts have laid a solid foundation for translation of best practices to current CRC screening and complete diagnostic follow-up.

Ensuring best cancer care is an important piece of our mission in the years to come. As a result of Executive Committee Meeting discussions in December, 2002 we developed a 'Cancer Care' sub-committee to advance the quality of cancer care mission of the CRC QUERI. Furthermore, we are very pleased that a project we deem necessary to this aspect of our mission, the VA Colorectal Cancer Care Research and Surveillance Data System, will be funded by the VA Research Service.

Although we have had considerable success in leveraging our core funds to accomplish our mission, our core resources are fully expended in conducting core operations including leadership; strategic, and comprehensive planning; literature reviews of best practices; administration; dissemination; technical assistance; supporting the central QUERI mission; project and proposal development; and project coordination. There is consensus in the QUERI and quality enhancement community regarding the need for and value of formative evaluation for intervention research. At the HSR&D meeting in Washington on February 12<sup>th</sup>, Cheryl B. Stetler, Ph.D., a SREB reviewer and consultant to the VA on translation and evaluation issues, presented a workshop on formative evaluation for QUERI translation coordinators and central office personnel. Dr. Stetler cited the importance of completing these types of pilot studies and formative evaluations as a precursor to SDP proposals. Dr. Stetler recommended the use of core funding for these studies. Since our core funds are used for core activities, we are limited to using core resources for the most essential and urgent formative evaluation questions (e.g., does VA have the capacity to follow-up (CDE) on positive CRC screening results?). Other formative evaluation activities are included in project proposals or put on hold. Funds, or a clear mechanism for obtaining funds, for meritorious formative/pilot projects would speed our progress toward meeting our goals.

In summary, there have been few changes to and significant progress toward the goals and objectives in our approved strategic plan. We have been able to move forward all of our major initiatives. Current and pending projects provide a strong foundation for translation strategies to reduce CRC incidence and late diagnosis through improved CRC screening and CDE. Furthermore, our study of variation in CRC care will greatly advance our CRC quality enhancement mission.

## **Strategic Plan Status Summary**

### **IIa. Overview of Changes in Strategic Plan**

There have been no major changes in our primary goals and objectives. The CRC QUERI has two overarching goals: 1) To reduce CRC cancer incidence and late-stage diagnosis; and 2) To ensure that veterans with CRC diagnoses receive the benefit of CRC stage-specific best practices, including supportive and end-of-life care. The objectives and tasks for Goal One have been more extensively developed than for Goal Two, reflecting our intention to make the reduction in incidence and late-stage diagnosis our primary focus in the early years. Goal Two activities are limited to those that were identified as either those essential to create a foundation for quality enhancement research or offer sufficient promise to warrant earlier implementation.

There has been a minor change in the relative priority we are placing on our two tracer findings. As described in the approved strategic plan, the CRC QUERI chose to focus on CRC screening rates as our primary tracer finding. Since screening only benefits veterans when those with positive results undergo timely complete diagnostic evaluation (diagnostic colonoscopy), our secondary tracer finding was described as the proportion of veterans with a positive screening who undergo complete diagnostic evaluation (CDE) within two months of the positive result. At this point, we have reversed relative priority of these tracer findings for the following reasons:

- Improving screening when diagnostic follow-up is absent or of low quality creates no benefit.
- Evidence from The Office of Quality and Performance (OQP) is relatively positive regarding CRC screening rates (albeit with considerable room for improvement).
- There is evidence of an alarming gap between best and current follow-up practices.

Thus, we have made diagnostic follow-up a first priority for translation projects in the coming year. We are currently engaged in diagnosis, formative evaluation, and translation projects related to improving the proportion of veterans with a positive screening who undergo complete diagnostic evaluation (CDE) within two months of the positive result. We are also engaged in comprehensive diagnosis and formative studies related to improving screening. Our CRC screening promotion translation efforts will rapidly follow two preceding events or conditions that we are actively attempting to create: 1) When, or in settings where, there is clearly adequate diagnostic follow-up capacity and quality, and 2) We have

rigorous diagnosis and formative data for guiding screening promotion translation priorities and strategies.

The current status of each project listed in the approved strategic plan is provided below. An additional four projects reflecting priorities that were identified after the 2002 strategic planning processes are described along with their rationale. Projects and activities are identified according to their connection to the QUERI steps.

**Goal One: Reduce CRC cancer incidence and late-stage diagnosis by improving guideline-concordant screening rates and diagnostic follow-up among eligible veterans.**

The objectives and projects related to this goal are associated with QUERI Steps 3-6 since there is relatively good evidence and consensus regarding CRC screening and diagnostic follow-up. However, we are struck by our provider focus group data that suggests that providers believe that the eligibility criteria for CRC screening are too inclusive as well as by the NCI efforts to determine the highest impact patients for screening. We are considering various strategies for identifying the lowest-benefit patients for screening in order to advance clinical priority setting. We may submit a proposal in the coming year toward this end.

**Objective 1.1. Identify variations in screening rates and follow-up as well as factors contributing to variation in screening rates.**

- Develop CRC Screening and Follow-up Data System [*QUERI STEP 3 and 5*]

Purpose: develop a valid, efficient, data system that can be used to assess and track CRC screening and follow-up best practices as well as inform and evaluate translation efforts.

Status: This project (Colorectal Cancer Screening Assessment and Surveillance Data System; CRS 02-162-1) was approved and funding began 8/1/02. So far, the only serious delay is related to IRB problems. At this writing it is approved at 3 out of the 4 pilot sites and work is progressing. However, the Portland IRB has not yet approved the project. Dr. van Ryn is scheduled to meet with the Portland IRB on March 13<sup>th</sup>.

- Conduct Assessment of System-Wide Organizational Capacity and Barriers to CRC Screening Diagnostic Follow-up Using Telephone Key Informant Interviews [*QUERI STEP 3*]

Status: This project (Colorectal Cancer Screening at the VA: Assessment of System Capacity and Barriers) was submitted and reviewed in June 2002. Reviewers requested that we revise the proposal. Since some of the outputs from this project are needed urgently, we split it into two components.

- 1) We decided to use core funding to conduct considerable pilot work including secondary data analysis and short qualitative interviews with key informants to ascertain wait times and capacity issues related to performing diagnostic colonoscopy within VA.
- 2) We are revising the proposal for resubmission in accordance with reviewers' comments. The revised proposal will focus on formal and informal norms within clinics and facilities that may act as barriers to or facilitators of CRCS and CDE.

- Identify Primary Care Organizational Variations in Colorectal Cancer Screening Rates [*QUERI STEP 3*]

Purpose: Conduct secondary analysis of existing data to assess the organizational determinants of variations in VA colorectal cancer screening rates.

Status: This project (Organizational Variations in Colorectal Cancer Screening Rates; CRS 02-163-1) was approved and funding began 8/1/02. This project is progressing well and on schedule.

- Survey of Veteran Experiences and Attitudes toward CRC Screening [*QUERI STEP 3, 5 and 6*]

Purpose: Obtain information needed to develop effective tailored translation strategies that will reduce variation in veteran CRC screening and follow-up behaviors; and reduce the gap between current veteran screening behaviors practice and best CRC screening and follow-up.

Status: This project was listed separately but is really part of the data elements needed for a fully useful CRC Screening and Follow-up Data System. In order to focus our energies, we placed this chronologically after the base data system was funded and underway. We expect to submit a proposal this spring (2003) and have notified QUERI Headquarters of our intentions.

- Survey of Provider Practices and Attitudes toward CRC Screening [*QUERI STEP 3, 5, and 6*]

Purpose: Obtain information needed to develop effective tailored translation strategies that will reduce variation in provider CRC screening and follow-up behaviors, and reduce the gap between current provider practice and best CRC screening and follow-up practice.

Status: This project was listed separately but is really part of the data elements needed for a fully useful CRC Screening and Follow-up Data System. In order to focus our energies, we placed this chronologically after the base data system was funded and underway. We expect to submit a proposal this spring (2003) and have notified QUERI Headquarters of our intentions.

- Colorectal Cancer Screening Measurement in a VA Population [*QUERI Step 3*]

Purpose: Validation of self-report screening measures. This project was not described in the earlier strategic plan but since has been identified as needed in order to develop best formative and evaluation methodology.

Status: SDP Concept paper under review.

- Acceptability of Direct Screening Colonoscopy Among Patients and Providers [*QUERI STEP 3 and Formative related to 4*]

Purpose: Assess 1) Minneapolis primary care providers' attitude, self-efficacy, subjective norms, perceived barriers, and intention to refer their eligible patients to direct colonoscopy screening vs. using other screening modalities, and 2) Minneapolis primary care patient attitude, self-efficacy, subjective norms, perceived barriers, and likelihood (intention) of participating in direct screening colonoscopy should it be recommended.

Status: SDP Concept paper under review.

- Determining the Prevalence of Health Literacy Among Veterans [*QUERI STEP 3 and Formative related to Step 4*]

Purpose: Estimate the prevalence of health literacy in a demographically and geographically diverse population of veterans; generate estimates for specific groups based on age, race, income, and geographic location; and, determine the association among health literacy, colorectal cancer screening behavior and follow-up diagnostic procedures. The long-term goal of this study is to use prevalence estimates of literacy as a benchmark from which future QUERI translation projects could be developed.

Status: SDP Concept paper under review.

**Objective 1.2. Build on current evidence regarding CRC screening and follow-up best practice in order to establish priorities for translation strategies.**

- Projected Impact and Cost Effectiveness of Direct-Mail FOBT

Purpose: 1) To apply intervention modeling techniques to assess the feasibility and projected impact of mailing Fecal Occult Blood Test kits (FOBT) to VHA primary care patients as a means of increasing colorectal cancer screening adherence; 2) To demonstrate the value of intervention modeling techniques as a systematic approach to aid efficient, timely translation of research findings into practice.



Status: SDP Concept paper under review.

- Systematic Review on Interventions Enhancing Compliance to CRC Screening

Status: This project was dropped due to a similar project recently completed by Paul Shekele and colleagues. Our systematic review group is working with an executive committee subgroup to prioritize areas for systematic review.

- Vanderbilt Colorectal Cancer Health Policy Model

Purpose: Adapt Dittus and colleagues' validated, discrete-event simulation model of the natural history of colorectal neoplasia and use it to address various policy questions about CRC prevention and control strategies for complex populations that change over time.

Status: This project was funded by the National Cancer Institute and NIH in 2002. Dr. Dittus has been unable to attend executive committee meetings so we are uncertain about the status of this project.

- Translation of Colorectal Cancer Screening Guidelines - A System Intervention [*QUERI STEP 4*]

Purpose: Improve provider follow-up of abnormal FOBT results using an automatic event notification system.

Status: This project was approved and we hope it will be funded March 2003.

- Promotion of provider guideline-concordant screening behavior in VISN 13 [*QUERI STEP 4*]

Status: This project was tabled pending diagnosis information from provider survey and key-information interview projects.

- Promotion of veteran screening adherence using tailored interventions vs. usual care [*QUERI STEP 4*]

Purpose: compare effectiveness and efficiency of standard care (control) vs. a tailored mail packet (TI) vs. a tailored mail packet and phone call (TIP). (Leads: Myers and van Ryn)

Status: This project was tabled pending detailed information regarding capacity for diagnostic follow-up of screening results and estimates of health literacy.

- Promotion of CDE recommendation and compliance – a provider-directed intervention [*QUERI STEP 4*]

Purpose: to enhance the rate at which physicians recommend and encourage CDE for patients with positive CRCS and increase the rate at which CDE occurs. CDE education, reminders, and performance feedback will be sent to primary care providers to increase their participation in CDE rate increases among their patients.

Status: Research team being formed, SDP concept paper expected within the year.

**Goal Two: Ensure veterans get benefit of stage-specific best practices, including supportive care and follow-up in treatment of CRC.**

The CRC QUERI has prevention and early detection as its primary mission and thus much executive committee time is spent on this area. However, ensuring best cancer care is an important piece of our mission in the years to come. As a result of Executive Committee Meeting discussions in December, 2002 we developed a 'Cancer Care' sub-committee to focus on the quality of cancer care mission of the CRC QUERI. Dr. Provenzale has agreed to chair this subcommittee.

- Objective 2.1. [QUERI Step 3]: Identify variations in treatments for CRC as well as factors associated with such variations.
- VA Colorectal Cancer Care Research and Surveillance Data System [*QUERI Step 3*]

Purpose: Evaluate patterns of care and outcomes of newly diagnosed colorectal cancer patients (n=1,000).

Status: This project was approved in July 2002 but not funded at that time. A slightly revised version has been submitted to NCI and will be under review this month. We were recently notified that this project will be funded by VA and we expect to start in the next couple of months.

- Evaluation of the Veterans Integrated Palliative Program

Purpose: Compare usual care with VIP program intervention.

Status: This project is in early stages of development, reflecting Executive Committee prioritization of projects.

**IIb. Standard Deliverables**

- Appendix A: Executive Committee
- Appendix B: Project Table
- Appendix C: Output Table
- Appendix D: Resource Analysis and Budget
- Appendix E: Progress-At-A-Glance Presentation

### **IIC. Administrative Report**

The CRC QUERI team was considerably enhanced by the addition of Laura Kochevar, Ph.D. as our full-time translation coordinator. Dr. Kochevar is an experienced and accomplished translation researcher who has already made a significant contribution to the CRC QUERI.

The CRC QUERI office assistant, Jeanine Holland, left in September and was replaced by Kelly Conrad and Alicia Medici, .50 and .25 FTE on the CRC QUERI, respectively.

Our executive committee composition has remained relatively stable. Dr. Timothy Wilt rotated off the executive committee due to other commitments and Dr. Jackilen Shannon was added to the committee. Dr. Shannon is a co-investigator on two funded projects and will be an active participant in new submissions.

### **IId. Data Use and Maintenance Policy**

This data use and maintenance plan applies to data systems included in the strategic plan for the CRC QUERI. The CRC QUERI is engaged in two types of data management: Management of new data obtained by the CRC QUERI from surveys, interviews, and observational studies and the compilation and analysis of secondary data from other VA and non-VA sources. The CRC QUERI has drafted a data use agreement (see appendix F) and data request form (see appendix G) to facilitate responsible sharing of both of these data types with other researchers. Two principles are key to the CRC QUERI data use plans: 1) CRC QUERI-generated data will be shared with researchers to be used for IRB-approved research consistent with the CRC QUERI goals; and 2) Secondary data compiled by the CRC QUERI from other sources will not be shared unless the following conditions are met:

- a) researchers will use the data for IRB-approved research consistent with the CRC QUERI goals  
AND EITHER
- b) the researchers obtain a data use agreement from the data originator, specifying that the CRC QUERI has permission to release specified data elements for use in a specified study  
OR
- c) the CRC QUERI has an existing data re-use agreement with the data originator specifying conditions under which the CRC QUERI is permitted to share data with third parties.

All CRC QUERI data use agreements will be consistent with VA policies and HIPPA regulations.

Provision for the ongoing maintenance of data systems beyond the completion date of QUERI-related funding must be made by the principal investigator(s) of each project.

Details of data elements and data collection strategies for the major CRC QUERI projects (CRC Screening and Follow-up Data System, Colorectal Cancer Care Outcomes Research & Quality Surveillance Data System, Organizational Variations in Colorectal Cancer Screening Rates, and Translation of Colorectal Cancer Screening Guidelines – A System Intervention) are listed in the Data Detail Table in appendix H. Data detail for projects with concept papers currently under review will become available during the proposal process.

Other projects' data use include analysis of VA administrative and encounter data (Analysis of Endoscopic Wait Time Data, Effectiveness Study of Colorectal Cancer Screening at the VA, Screening for Colorectal Cancer in Asymptomatic Adults: A Cost Utility Analysis), non-VA survey and interview data collection (Wright County Colorectal Cancer, Colorectal Cancer Screening and the NetLET Intervention, Increasing Colon Cancer Screening in Primary Care, Tailored Interactive Intervention to Increase CRC Screening, Preparing to Advance Colorectal Screening in Springfield), VA Cancer Registry data (Effectiveness Study of Colorectal Cancer Screening at the VA), non-VA medical record review (Tailored Interactive Intervention to Increase CRC Screening, Increasing Colon Cancer Screening in Primary Care), VA medical records abstraction (Patient-oriented Research Award (K24) Gastrointestinal Cancer Screening and Surveillance), and meta-analysis and discrete event simulation modeling (Simulation Modeling of Colorectal Cancer).

## **CRC QUERI Translation Summary**

### **IIIa. Overview**

Based on the strength of the evidence base linking colorectal cancer screening (CRCS) and complete diagnostic evaluation (CDE) to reduction in both incidence of and mortality from CRC, the CRC QUERI has selected CRCS rate and CDE rate as its initial tracer findings. Screening rates within the VA are currently estimated by the Office of Quality and Performance using EPRP data. However, these EPRP sample-based rate estimates may not be sufficiently sensitive to rapid estimate of variation at the facility, clinic, or patient subgroup level to support QUERI diagnostic, translation and evaluation needs.

Therefore, CRC QUERI has chosen to operationalize the tracer finding “CRCS rate” using the CRC Screening and Follow-up Data System, currently in development. CRCS rate will be computed as [the number of eligible<sup>1</sup> VA primary care patients, who have undergone an adequate colorectal cancer screen as defined by the VA performance measure]/ [the number of eligible VA primary care patients].

Complete Diagnostic evaluation (CDE ) is a necessary component of adequate CRC screening. Medical consensus defines adequate CDE as a completed colonoscopy within 60 days of a positive FOBT or flexible sigmoidoscopy finding. The Colorectal Cancer Screening Assessment and Surveillance Data System will allow us to track CDE rates for participating facilities. CDE rate will be computed as the [number of VA patients with a positive CRCS who accomplish adequate colonoscopy within 60 days of the positive CRCS]/ [number of VA patients with a positive CRCS].

Translation activities relative to these tracer findings are well underway:

- The SDR “Colorectal Cancer Screening Assessment and Surveillance Data System” (PI: van Ryn), which will be used to measure and track changes in the tracer findings, is constructing the first of its four databases at the Minneapolis VAMC. Key data elements and their sources have been identified, data base architecture development is ongoing, extraction protocols are yet to be defined, IRB approval has been obtained from Durham, and Sepulveda, with Portland IRB approval still pending.
- The SDR “Organizational Variations in Colorectal Cancer Screening Rates” (PI: Yano) examines the relationship between structural organizational characteristics and CRCS and will help identify system-level translation needs. The team has compiled the required datasets from OQP’s EPRP, VHA Survey of Primary Care Practices, and other administrative sources and are currently analyzing the data.
- The SDP “Translation of Colorectal Cancer Screening Guidelines to Practice” (PI: Helfand) will test the effectiveness of event-reminders in increasing CDE. The proposal has been revised and has obtained conditional approval pending administrative review. Start-up is expected in March, 2003.
- Core funding is being used to assess variation in endoscopic wait times and identify potential barriers to CDE. Outcomes of this ongoing analysis are informing the revision of the SDR to use key informant interviews to assess barriers to and facilitators of CRCS and CDE.

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<sup>1</sup> Over 50, do not have an exclusionary comorbidity or less than 5 year life expectancy

- The Survey of Veteran Experiences and Attitudes toward CRC Screening grant proposal will be submitted in the second quarter of 2003 and is intended to obtain information needed to develop effective tailored translation strategies that will reduce variation in veteran CRC screening and follow-up behaviors.
- A proposal entitled Survey of Provider Practices and Attitudes toward CRC Screening is in preparation for a spring submission. This study is intended to obtain information needed to develop effective tailored translation strategies that will reduce variation in provider CRC screening and follow-up behaviors.
- A concept paper has been submitted for an SDP examining patient and provider acceptance of direct screening colonoscopy (PI: van Ryn). This project will lay the groundwork for a direct screening colonoscopy intervention at the Minneapolis VAMC. Since colonoscopy need only be repeated at 10-year intervals, direct screening colonoscopy (DSC) has the potential to greatly increase the sustainability of improved CRCS rates over time. Since patients who screen using colonoscopy do not require additional CDE, DSC also has the potential to increase effective CDE rates.
- A concept paper has been submitted for an SDP examining health literacy among veterans (PI: Griffin). Health literacy is a major constraint in the design of effective translation projects. Understanding variation in health literacy will guide the design of patient-directed translation strategies to increase both CRCS rates and CDE compliance.
- A concept paper has been submitted for an SDP validating self-reported CRCS behavior (PI: Fisher). This project is necessary to enable diagnostic and evaluation activities at VA facilities that are not participating in the “Colorectal Cancer Screening Assessment and Surveillance Data System” SDR.
- A concept paper has been submitted for an SDP “Projected Impact and Cost Effectiveness of Direct-Mail FOBT”. This project is part of a systematic approach to selecting and prioritizing translation projects and maintaining a sustainable translation pipeline using intervention modeling. Intervention modeling has the potential to greatly reduce the total translation cycle time and cost by exploring the likely impact and costs of projects based on combining the existing evidence base with data about VA patients and facilities. The project will also produce specific translation recommendations regarding feasibility and cost/benefit of mailing FOBT kits to veterans’ homes. Intervention modeling methods will be used to combine data from a four-year non-VA study of colorectal cancer screening

interventions in a general (non-urban) population with VA data of patient characteristics, organizational characteristics, capacity for CDE, and implementation costs in order to identify the most promising intervention variant for a VA demonstration project.

- A planning team is being formed to develop a SDP concept paper to examine the effectiveness of physician reminders with feedback in promoting CDE recommendations and increasing CDE rates.

CRC QUERI is also committed to developing a sustainable pipeline of translation activities addressing a full range of CRC care issues including screening, CDE, surgical and medical treatment of CRC, and palliative care. Figure 1 provides a model of the structure, process, and CRC screening outcome factors and the specific projects intended to assess and/or influence each factor. While translation activities related to screening and CDE make up the leading edge of the translation pipeline, other projects are also being developed consistent with all stages of the QUERI process. For example:

- A CRC Care sub-committee has been formed to focus on the quality of cancer care mission of the CRC QUERI. Dr. Provenzale has agreed to chair this subcommittee with Dr. van Ryn.
- Funding has recently been approved for the VA Colorectal Cancer Care Research and Surveillance Data System, which is critical to QUERI efforts to diagnose, design, and evaluate translation efforts to improve CRC care.
- We are actively recruiting research and translation partners in Oncology, Surgery, and palliative care.
- We are pursuing research and translation partnerships with patient educators (VISN 2 and VISN 23) and clinical management leadership (VISN 7).
- We are actively participating in efforts organized by Central Office to disseminate cross-cutting QUERI information. For example, we are participating in the creation of the Translation Handbook, and presentations for other VHA leadership groups.

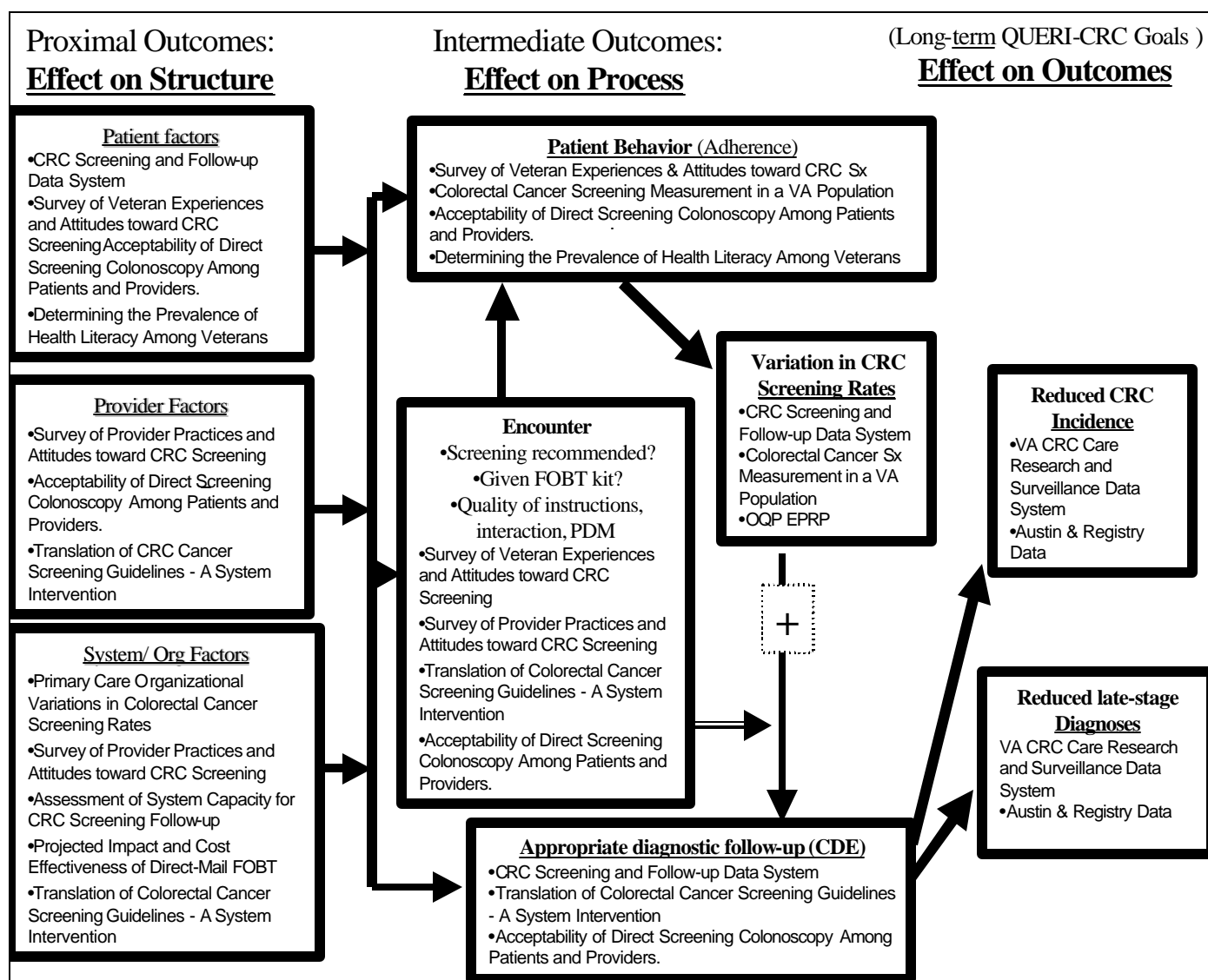


Figure 1: Structure/Process/Outcome Factors Associated with CRC Screening and Diagnostic Follow-up along with Specific Projects Intended to Assess and/or Address Each Factor CRC QUERI “Pipeline”

### IIIb. Summary of Translation Activities

SDP Funded Proposal: Translation of Colorectal Cancer Screening Guidelines - A System Intervention (see Appendix I).